



MICHAEL L. WELCH
Sheriff of Caswell County

Caswell County Sheriff's Office
Concealed Handgun Permit Change of Address Form

Permittee's Name: _____
Last First Middle

Permit Number: _____

Today's Date: _____

Effective Date: _____

Address of Currently Displayed Permit:

Street Number Street Name Apt Number

City County State Zip

New/Changed Information

Street Number Street Name Apt Number

City County State Zip

Permittee Name Changed To: _____
Last First Middle

Reason For Name Change: _____

*Attach any supporting documents to this form and retain a copy for your files

Sheriffs Office Use:

Form received By _____ Date Received _____

Once necessary Verification has been completed, a MODIFY (MCG) must be done to indicate changes above

